

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10 / 5 8 8 3 2 9**

FILING DATE

APPLICANT(S)

*Art. 34*

*Peril Amendment*

**CLAIMS**

*Art. 34*

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	2	↓	3	↓		↓
TOTAL DEP.	18	←	17	←		←
TOTAL CLAIMS	20		20			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
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TOTAL DEP.		←		←		←
TOTAL CLAIMS						